DOCUMENT RESUME

ED 231 808 SP 022 692

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TITLE Conscious and Unconscious Teacher/Administrator Behavior and Conflict: Three Related Studies.
PUB DATE Nov 82
NOTE 12p.; Paper presented at the U/B Conference on Conflict Resolution: Educational Implications for the Nuclear Age (Amherst, NY, November 5-6, 1982).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143) -- Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Aggression; Anxiety; *Conflict Resolution; Coping; Discipline Problems; *Interpersonal Relationship; *Personality Traits; Stress Variables; *Teacher Behavior; *Violence

ABSTRACT

The role of personality make-up of those involved in problem solving, conflict resolution, classroom management, and school discipline is discussed. Three studies are presented which demonstrated personal characteristics which may appear to invite, or provide opportunity for, antisocial behavior. In the first study, psychological profiles were drawn of a selected group of inner-city teachers who had been subjects of more than average violence in their schools. The results indicated obsessional, passive, idealistic, dedicated persons who were unable to understand or cope with the violence directed toward them. The second study dealt with psychiatrists who had been assaulted by patients. The majority of them felt that they had provoked or anticipated the violence by their own actions. In the third study, convicts were asked to identify from videotapes persons walking on the streets whom they would consider easy to assault. Victims were generally identified as those who signalled vulnerability by stride, body movements, or type of walk. Discussion following presentation of the studies covers the relationship of the studies to inner city, urban, and other schools, and the matter of classroom discipline and control. (JD)

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CONSCIOUS AND UNCONSCIOUS TEACHER/ADMINISTRATOR BEHAVIOR AND CONFLICT: THREE RELATED STUDIES

Paper Presented

U/B Conference on Conflict Resolution:
Educational Implications for the Nuclear Age

November 5-6, 1982
Baldy Hall, Amherst Campus, SUNY/Buffalo

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There does not appear to be enough mention of the role of the personality make up of those involved in problem solving, conflict resolution, and classroom management and school discipline. We feel this is an important consideration. Therefore, we want to share with you three studies that we feel are very much related to this entire conference.

To start with, we would like you to consider the following questions in relation to what we will be covering. However, we do not intend the later discussion to be confined to only these questions.

1. Are the personalities of those involved in conflict and classroom management and school discipline important considerations?

2. Are such things as dress and body movements important aspects of conflict resolution?

3. What should we do with this research?

4. Is this research relevant for educators?

5. Should psychological tests be required for all school personnel?

6. How do we react, or what do we do about an incident that ends in an altercation when each of the participants acted in a way they were taught to act?

Please, as we proceed, break in with any questions. We want to have an informal session.

The first study was reported by Dr. Alfred M. Bloch (1978) and was carried out in the Los Angles Unified School District in California, between 1972, and 1975. He performed

psychiatric evaluation and treatment on 207 inner city teachers of whom 137 were female and 7 were male and all suffered the equivalent of combat neurosis or combat fatigue. During that time frame, there were approximately 143,444 classroom teachers in the district, or about 28,689 classroom teachers per year. Hence, these "Battered Teachers" made up less than one per cent of the classroom teachers at that time.

These classroom teachers were subjected to violence in school, bombing of classrooms, destruction and theft of school equipment, fights between students and gang members, weapons, murder and rape, drugs, dynamite, knives, stilettoes, rifles and ammunition and handguns.

Some of the psychological and somatic complaints expressed by these classroom teachers included complaints of fatigue and weakness, blurred vision, irritability, sensitivity to weather, difficulty in coping, dizziness, malaise and depression.

Cardivascular symptoms included palpitations, hypertension, arteriosclerosis, and coronary artery disease.

Musculoskeletal symptoms included repeated upper respirtory infections and bronchial asthma. Fear was the most potent source of arousal and subsequent stress response. The battered teachers presented many symptoms similar to those observed in studies of "combat neurosis" and disaster survivors.

Where there was no offer of administrative support, many teachers experienced physical and psychological depletion and ultimate collapse. All the "battered teachers"

completed the Minnesota Multiphasic Personality Inventory. Very interestingly, the results generally indicated obsessional, passive, idealistic dedicated persons who were unable to understand or cope with the violence directed toward them.

The second study dealt with "Physical Assaults on Psychiatrists by Patients" and was carried out by Denis J. Madden, John R. Lion, and Mandel W. Penna (1976) from the Institute of Psychiatry and Human Behavior, Department of Psychiatry, University of Maryland, Baltimore, Maryland. Their work with violent patients led them to question whether psychiatrists might overtly or covertly provoke the violent behavior of their patients. This hypothesis along with the fact that there is no substantial data on the subject led them to their study.

They surveyed, by questionnaire, 115 psychiatrists who held full time or part time positions at the University of Maryland, School of Medicine. Those questioned held a variety of clinical and administrative positions.

The psychiatrists were sent questionnaires asking whether or not they had ever been assaulted and the nature of the assault. The respondents who reported they were assaulted were then interviewed personally or by telephone in order to gain more data on the assault.

Although everyone did not respond to the original questionnaire, the second questionnaire and phone calls did receive a response. One hundred fifteen psychiatrists responded to the questionnaire. Of those, 48 indicated they had been assaulted, and 67 responded that they had never

been assaulted. There were 68 assaults in all.

The psychiatrists who reported being assaulted varied in age and level of experience but most assaults occurred in the early phase of their training. Most were assaulted by patients who were in active treatment.

The Assault Characteristics Included:

1. Usually minor injuries. However, one was shot in the chest.

2. Most were a slap in the face or a blow to the head. Also, some had objects thrown at them. One patient tried to set the therapist's clothes on fire.

3. The majority of the patients were judged to be psychotic. Some patients were borderline or personality disorders, while some suffered from alcoholism or hyperactivity.

The psychiatrists were also questioned about their retrospective anticipation of the assault. Although this was a nebulous question, it indicted the authors' interest in the role of the therapist in provoking the attack.

Fifty five indicated they could have anticipated the assault. Fifty three felt they had acted in a provocative manner. The majority of the respondents reported they could have anticipated the assault because they made comments or interpretations that were unfavorably received by the patient.

The reasons the clinicians thought provoked particular assaults included:

1. Refusing to meet patients request.

2. Forcing a patient to take medication.

3. Setting too many limits or not setting enough limits.
4. Transference reactions.
5. Homosexual panic.
6. Material being dealt with in therapy.

Some of the therapists felt that they had been too insistent on forcing a patient to confront upsetting material. Hence, the incident may not have happened if they had backed off. Several therapists candidly reported they did not particularly like the patient they were treating.

Inexperience and fear are sometimes translated into an omnipotent facade, and, in turn, cause assaults. On a more personal level, therapists may sometimes act in a seductive manner. Therefore, they may project an unconscious expectation that an assault will take place. Most multiple assaults occurred to psychiatrists who worked in a dangerous settings.

The authors found it surprising that 42 per cent of the clinicians who reported being assaulted were attracted to the field because of its contemplative nature where verbal skills rather than physical management is required.

Few of the psychiatrists felt that the assault happened randomly or without their involvement. The subject of violence among psychiatric patients tends to be minimized for a variety of reasons.

Psychiatrists may be more in tune with the internalizations of aggressive urges. Hence, they may reward patients who show depressive symptoms. Indeed, they are easier to treat than the aggressive patients.

The researchers suggested that there is a distinct lack of training and expertise in dealing with violent patients. Therefore, the violent ones tend to be shunned. Also, more attention should be paid to clinically assessing patients propensity towards violence and one institution of effective intervention polices.

The third study we want to share was carried out by Betty Grayson and Morris I. Stein (1982). Their study, titled "Attracting Assault: Victims' Nonverbal Cues," sought to study whether there were behaviors or specific movements that could identify a potential victim of an assault and signaled, or was perceived as signalling, their vulnerablity to a criminal? Further, they wanted to know that if there were such movements, could they be identified? They sought answers to those questions by having criminals rate the movement of people the criminals indicated as likely to be assaulted.

Videotapes were made of persons selected at random while the walking in one of the highest assault areas of New York City. The taping took place between 10:00 A. M. and 12:00 P. M. over a three day period. Night shooting was not possible because of a lack of special equipment.

Those taped were divided into 4 groups of 15 each, according to their sex and age. There were 2 groups of men, young and old, and 2 groups of women, young and old. Those classified as old appeared to be over 40, while those classified as young appeared to be under 35.

A group of 12 prison inmates, who had been convicted of assault, at a large northeastern institution, were picked to

establish a scale for rating an individual's assault potential. These inmates were chosen for their general intelligence and verbal ability by a prison official who knew them well.

This group of prisoners viewed the videotaped sequences. The inmates were asked to discuss the people in the videotapes in relation to their being targets of assault; their discussions were audiotaped. Descriptive evaluations of each of the videotaped individuals were culled from the audiotaped discussion. These evaluations were used to establish a rating scale from 1 to 10, which were used later by a 2nd set of prisoners.

Scale for Rating Assault Potential

1. A very easy rip-off.
2. An easy dude to corner.
3. You could take that one out.
4. Looks like a fairly easy hit.
5. You could stand the problem.
6. Could give you a little static.
7. Would be a problem. Could give you a hard time.
8. Hard dude to knock off. Wouldn't mess with him.
9. Would be heavy. Would give you a hard time.
10. Would avoid it. Too big a situation.
    Too heavy.

Fifty three inmates, different from the original 12, were asked to rate the videotaped persons in terms of their assault potential. These 53 inmates had all been convicted of crimes ranging from simple assault on victims unknown to them to murder. Of the 53 inmates, 87 per cent were black, 8

per cent were white, and 6 per cent were hispanic. They ranged in age from 17 to 56, with 75 per cent under 35 years of age.

The videotapes were viewed by the respondents in groups of 10 to 12. They were asked to rate each of those videotaped using the above "Scale for Rating Assault Potential." Labananalysis (1972) was then used to analyze the movement categories that differentiated between victims and non-victims. The Labanalalysis code included 21 movement categories such as stride length, tempo, type of weight shift, body movement, gaze, left arm type of movement, and right arm hold.

Statistically significant differences were found for 5 of the 21 Labananalysis movements that differentiated the victims from the non-victims. These categories were: 1) type of weight shift; 2) stride length; 3) feet; 4) body movement; and, 5) type of walk. The difference that exists between gestural and postural movement appears to be the major difference between victim and non-victim as perceived by the criminal respondents.

It may be that some of the potential victims' behaviors may involve what Goffman (1959) named "gestural hinting," whereby they unconsciously indicate their vulnerablity, and the criminal, also probably on an unconscious level, "reads" that signal or message.

Additional support for this position was indicated by the respondents during their taped discussions that "any dude who looked different' would probably be a target of assault. ... 'looking different' meant a different physical

appearance in clothing and accessories (p. 74). Hence, differences in display and mode of dress were recognized consciously as signs of vulnerablity.

Discussion by those attending the presentation, covered the relationship of the three studies to inner city, urban, rural, and suburban schools. There was agreement that, unquestionably, the three studies did apply to teaching and learning and classroom managment and school discipline.

There was also discussion around the role of racist and ethnocentric behavior in relation to the different messages given that effect conflict resolution.

Pickhardt's (1978) article describing the "fear" games that students use to take advantage of teachers and administrators was noted as taking advantage of the unconscious signals given of by educators. Foster's (1974) book was also noted as providing a description of games played by some inner city streetcorner youngsters that play on these fears too.

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